

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 960.00)

## Complete if Known

Application Number	10/612,894
Filing Date	7/7/2003
First Named Inventor	James M. Hagberg
Examiner Name	Stephen Thomas Kapushoc
Art Unit	1634
Attorney Docket No.	5458 - 071900

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)  Fee (\$): 52  Small Entity Fee (\$): 26

Each independent claim over 3 (including Reissues)  Fee (\$): 220  Small Entity Fee (\$): 110

Multiple dependent claims  Fee (\$): 390  Small Entity Fee (\$): 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
27	- 20 or HP = 0	x 0	= \$0.00	<input type="checkbox"/> Fee (\$): \$0.00 <input type="checkbox"/> Small Entity Fee (\$): \$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
6	- 3 or HP = 0	x 0	= \$0.00	<input type="checkbox"/> Fee (\$): \$0.00 <input type="checkbox"/> Small Entity Fee (\$): \$0.00

HP = highest number of independent claims paid for, if greater than 3.

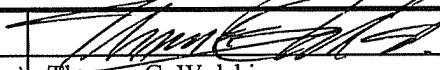
### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): RCE (\$405.00) + 3 Mo. Ext of Time (\$555.00)	\$960.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	77,539	Telephone	412-471-8815
Name (Print/Type)	Thomas C. Wolski			Date	November 3, 2008